| <i>→</i> **   |  |   |                               |                        |              |                  |              | Application or Docket Number |                        |           |                               |                        |  |
|---|--|---|-------------------------------|------------------------|--------------|------------------|--------------|------------------------------|------------------------|-----------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  |  |   |                               |                        |              |                  |              |                              |                        |           |                               | <b>^</b>               |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                               |                        |              |                  |              | ALL EI                       | УТІТУ                  | OR        | OTHER<br>SMALL                |                        |  |
| TOTAL CLAIMS  |  |   | i '                           |                        |              |                  | F            | RATE FEE                     |                        |           | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED                  |                        | NUMBER EXTRA |                  | ВА           | BASIC FEE 375.00             |                        | OR        | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=                     |                        | *            |                  | \[\bar{\}\]  | X\$ 9=                       |                        | OR        | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =                   |                        | *            |                  | X42=         |                              |                        | OR        | X84=                          |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                        |                        |              |                  |              | +140=                        |                        | OR        | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                               |                        |              | column 2         | T            | TOTAL                        |                        | OR        | TOTAL                         | 1110                   |  |
| CLAIMS AS AMENDED - PART II   |  |   |                               |                        |              |                  | SMALL ENTITY |                              |                        |           | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|   | CLAIMS   |   | (Colu                         |                        |              |                  | ∟ ⊢ૈ         | MALL                         |                        | OR<br>I I | SWALL                         |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                               | NUMI<br>PREVIO<br>PAID | DUSLY        | PRESENT<br>EXTRA | F            | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . //                                      | Minus                         | ** 0                   | 0            | =                | X\$ 9        |                              | ,                      | OR        | X\$18=                        | 1.50                   |  |
|   | Independent                                    | · 3                                       | Minus                         | ***                    | 5            | =                | ,            | <42=                         |                        | OR        | X84=                          |                        |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                               |                        |              |                  |              |                              |                        |           |                               |                        |  |
|   |  |   |                               |                        |              |                  |              | 140=<br>TOTAL                |                        | OR        | +280=                         |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                               |                        |              |                  |              |                              |                        | OR        | ADDIT. FEE                    |                        |  |
|   |  |   | (Column 2) (Column 3) HIGHEST |                        |              |                  |              |                              | 1 1                    |           |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | F            | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                         | **                     |              | =                | <b>    </b>  | (\$ 9=                       |                        | OR        | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                         |                        |              | =                |              | (42=                         |                        | OR        | X84=                          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                               |                        |              |                  | ۱ <u> </u>   | 140=                         |                        |           | +280=                         |                        |  |
|   | •  |   | •                             |                        |              |                  | L            | TOTAL                        |                        | OR        | TOTAL                         |                        |  |
|   |  |   | ADD                           | IT. FEE                |              | OR               | ADDIT. FEE   |                              |                        |           |                               |                        |  |
|   |  | (Column 1)<br>CLAIMS                      |                               | (Colur                 |              | (Column 3)       |              |                              |                        |           |                               |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                               | NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | F            | ATE                          | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                         | **                     | <u>.</u>     | =                | ×            | (\$ 9=                       |                        | OR        | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                         | ***                    |              |                  |              | (42=                         |                        | OR        | X84=                          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                               |                        |              |                  | ╵├╴          | 140=                         |                        |           | +280=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                               |  |   |                               |                        |              |                  |              |                              |                        |           |                               |                        |  |
| This highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                               |                        |              |                  |              |                              |                        |           |                               |                        |  |
|   | The "Highest Num                               | ber Previously Pai                        | d For* (Total o               | r Independ             | ent) is the  | e highest numbe  | er found i   | in the ap                    | propriate box          | in co     | lumn 1.                       |                        |  |